

L05000050923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

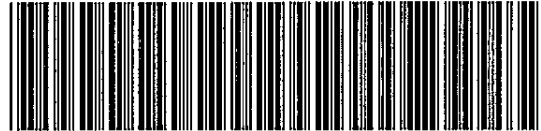
(Business Entity Name)

(Document Number)

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05 MAY 23 PM 2:51
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U.S. DEPARTMENT OF REVENUE
INTERNAL REVENUE SERVICE
ALLIANCE SEEN LONDON, ENGLAND

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Flooring Services LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Severance
(Name of Person)

Quality Flooring Services
(Firm/Company)

P.O. Box 1861 Grantham Hill Rd
(Address)

Perry Flg 32347
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Collier at (850) 385-7991
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Flooring Service LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

P.O. Box 1861-4940 Grantham Hill Rd
Perry Fla.
32347

P.O. Box 1861
Perry Fla.
32347

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Victor Severance
Name

4940 Grantham Hill Rd
Florida street address (P.O. Box **NOT** acceptable)

Perry FL 32347
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Victor Severance
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Malcolm Victor Severance
4940 Grantham Hill Rd
Perry Fl 32349

"MGRM"

Kevin Severance
4940 Grantham Hill Rd
Perry Fl 32349

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Malcolm Victor Severance

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Malcolm Victor Severance

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05 MAY 23 PM 2:51

FILED

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)